



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ralph M. ELLISON *et al.*

Title: COMPOSITIONS AND METHODS  
FOR THE TREATMENT OF  
PRIMARY AND METASTATIC  
NEOPLASTIC DISEASES USING  
ARSENIC COMPOUNDS

Appl. No.: 09/173,531

Filing Date: 10/15/1998

Examiner: J. Pak

Art Unit: 1616

RECEIVED  
NOV 29 2002  
TECH CENTER 1600/2900

AMENDMENT TRANSMITTAL

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

☐ Small Entity statement is enclosed.

☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	44	51	0	\$18.00	\$0.00
Independents:	2	5	0	\$84.00	\$0.00
First presentation of any Multiple Dependent Claims:			+	\$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

☒ Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$400.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$400.00
CLAIMS AND EXTENSION FEE TOTAL:			\$400.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$200.00
TOTAL FEE:			\$200.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$200.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 25 November 2002

By S. A. Bent

FOLEY & LARDNER  
Washington Harbour  
3000 K Street, N.W., Suite 500  
Washington, D.C. 20007-5143  
Telephone: (202) 672-5404  
Facsimile: (202) 672-5399

Stephen A. Bent  
Attorney for Applicants  
Registration No. 29,768